

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213538489								
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: MERSCORP Holdings, Inc.</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: SHARON HORSTKAMP MERSCORP INC 1818 LIBRARY STREET STE 300 RESTON, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: FAIRFAX COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: DE</p> </div> <div style="width: 35%;"> <p>DUE DATE: 8/31/2013</p> <p>SCC ID NO: F1347840</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">CLASS</th> <th style="text-align: left;">AUTHORIZED</th> </tr> </thead> <tbody> <tr> <td>COMA</td> <td>3,800,000</td> </tr> <tr> <td>COMB</td> <td>4,700,000</td> </tr> <tr> <td>COMC</td> <td>3,500,000</td> </tr> </tbody> </table> </div> </div>			CLASS	AUTHORIZED	COMA	3,800,000	COMB	4,700,000	COMC	3,500,000
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COMC	3,500,000									
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 1818 LIBRARY ST STE 300</p> <p style="text-align: center;">CITY/ST/ZIP: RESTON, VA 20190</p>										
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>										
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: WILLIAM BECKMANN TITLE: PRES/CEO ADDRESS: 1818 LIBRARY ST STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190 </td> <td style="width: 10%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> OFFICER </td> <td style="width: 40%; text-align: center; vertical-align: top;"> <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: WILLIAM BECKMANN TITLE: PRES/CEO ADDRESS: 1818 LIBRARY ST STE 300 CITY/ST/ZIP/CO: RESTON, VA 20190	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR					
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NAME:	AVI MARCUS	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	ASST SECRETARY		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	FREDDY FELIZ	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	MARK ROBERGE	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	GRETCHEN STRUB	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	HELINA RHEEM-DANCER	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	WILLIAM HULTMAN	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	BRYAN KANEFIELD	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
TITLE:	VICE PRESIDENT		
ADDRESS:	1818 LIBRARY ST		
CITY/ST/ZIP/CO:	STE 300 RESTON, VA 20190		
NAME:	DAVID H STEVENS	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1717 RHODE ISLAND AVE		
CITY/ST/ZIP/CO:	WASHINGTON, DC 20036		
NAME:	MIKE DAWSON	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	1551 PARK RUN DR		
CITY/ST/ZIP/CO:	MS D25 MCLEAN, VA 22102		
NAME:	KATHY GRAY	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
TITLE:	DIRECTOR		
ADDRESS:	MAC X2401-064		
CITY/ST/ZIP/CO:	1 HOME CAMPUS DES MOINES, IA 50328		

NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	STEPHEN HOLLINGSHEAD DIRECTOR 6547 WILSON RD MARSHALL, VA 20115	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOSH KARDON DIRECTOR 2911 NE HANCOCK ST PORTLAND, OR 97212	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	MICHELLE KORSMO DIRECTOR 1828 L ST, NW STE 705 WASHINGTON, DC 20036	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	BRIAN MCCRACKIN DIRECTOR 1000 TECHNOLOGY DR MS 823 O, MO 63368	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KURT PFOTENHAUER DIRECTOR FIRST AMERICAN WAY SANTA ANA, CA 92707	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	KEVIN RACE DIRECTOR 270 PARK AVE 37TH FLOOR NEW YORK, NY 10017	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	LAWRENCE P WASHINGTON DIRECTOR 4804 DEER LAKE DRIVE EAST MS FL9-803-05-01 JACKSONVILLE, FL 32246	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	CHRISTINE REDDY DIRECTOR 3900 WISCONSIN AVE, NW WASHINGTON, DC 20016	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ JUANITA RUSSELL SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	JUANITA RUSSELL, CFO PRINTED NAME AND CORPORATE TITLE	8/19/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			